

ACKNOWLEDGEMENT OF PARENTAGE

This request is for existing documents only and to receive a certified copy. If the Father/Parent was not originally listed on the birth record and if the mother was not married to anyone else at the time the child was born, an Acknowledgement of Parentage can be filled out at our office. Proper identification will be required. Please call if you have any questions-315.363.7378.

There is no fee for this request

- Either parent may apply for a copy of the Acknowledgement of Parentage
- The application must be completed and proper identification included with the request.

TYPES OF IDENTIFICATION REQUIRED

Application must be submitted with copies of either A or B:

A. **One** of the following forms of valid photo ID:

- Driver's License
- State-issued, non-driver photo ID Card
- Passport
- U.S. Military-issued, photo ID

OR

B. **Two** of the following showing the applicant's name and current address:

- Utility or telephone bill (must be recent, consecutive months)
- Letter from a government agency dated within the last six months



CITY OF ONEIDA
 City Clerk
 109 N. Main Street
 Oneida, NY 13421
 315-363-7378/315-363-9558 (Fax)

APPLICATION FOR ACKNOWLEDGEMENT OF PARENTAGE

There is no fee for this request

OFFICE USE ONLY:

Date Processed/Mailed: _____

By Whom: _____

BIRTH NAME OF CHILD	<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST</u>
DATE OF BIRTH		SEX (Optional)	LOCAL REGISTRATION NO. if known
PLACE OF BIRTH (Hospital)		CITY OF ONEIDA	MADISON COUNTY
PARENT 1	<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST (Maiden if applicable)</u>
PARENT 2	<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST (Maiden if applicable)</u>
PURPOSE FOR RECORD		<input type="checkbox"/> Insurance <input type="checkbox"/> Marriage <input type="checkbox"/> Passport <input type="checkbox"/> School/Sports <input type="checkbox"/> Retirement <input type="checkbox"/> Social Security	<input type="checkbox"/> Welfare Assistance <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Other (Please Specify) _____

What is your relationship to the person whose record is required? _____ PARENT _____ ATTORNEY/LEGAL GUARDIAN

My signature certifies my understanding of and agreement with the requirements as stated in the general instructions on the application.

SIGNATURE: _____ PRINTED NAME: _____ DATE: _____

ADDRESS: _____ CITY/TOWN _____ STATE _____ ZIP CODE _____

***Cannot be sent to a P.O. Box, Business or C/O)**

PHONE#: (_____) _____ EMAIL (OPTIONAL): _____